

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
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50						
TOTAL IND.	4					
TOTAL DEP.	117					
TOTAL CLAIMS	121					

	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						